

City of Jeannette Municipal Authority Lateral Repair Permit

Section 1

Property owner

Application date: _____

Name: _____

Address: _____

Date of expected repair: _____

Phone number: _____

Contractor

Name: _____

Address: _____

Phone number: _____

Section 2

The C.O.J.M.A. has approved this permit.

Signature required _____

Date: _____

C.O.J.M.A. Superintendent

Section 3

The above lateral repair was inspected on _____ and found to be
in compliance with C.O.J.M.A. requirements.

Inspected by: _____

Date: _____

NOTE: All work must be inspected before it is back filled. Call (724) 527-4022 to schedule the inspection. If the work is not inspected before back filling, the C.O.J.M.A. reserves the right to require that the lateral be exposed for inspection.